



INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI
SHORT ABSTRACT OF THESIS

Name of the Student : **BIKASH DAS**

Roll Number : **176141102**

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Name of Thesis Supervisor(s) : **Dr. Daksha Parmar**

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SHORT ABSTRACT

The tea plantations in the Dooars region faced a severe crisis after introducing economic reforms in the 1990s in India. It has been reported that in the early 2000s, a larger number of people died due to hunger and starvation in the tea plantations, which private owners of the tea plantations abandoned. The study adopts a theoretical framework of social determinants of health to understand the questions on health, diseases and healthcare services in the abandoned tea plantations of the Dooars region of West Bengal. This study attempts to analyze the nature of health and illness, evaluate prevailing healthcare services, and determine the determinants of health services utilization in tea plantations during the post-economic reform period. The study uses empirical evidence derived from qualitative research methods such as ethnography and case studies to examine how the economic reforms and crises in the tea plantations impact the everyday life, work, and health of tribal communities in the study area. One focus of this study involves the prevalence of major diseases and illnesses amongst the tribal populations to understand the nature of health and disease in the region. The present study also examines the structure of health services provided by tea plantations, the government, and informal medical practitioners to provide a comprehensive view of the different providers in the healthcare landscape of tea plantations. Further, this thesis critically analyses the determinants and barriers to accessing and utilizing healthcare services in the Dooars region. These investigations aim to provide insights into the complexities of healthcare in the abandoned tea plantations of the Dooars region.

The results of the study suggest that the abandonment of the tea estates caused further marginalization of the tribal labourers who were already in severe poverty in the tea plantations and the exploitative structure of the tea industry in Dooars. The study argues that the disease burden faced by tribal communities in abandoned tea plantations is multifaceted and complex in nature, with a persistent prevalence of communicable and vector-borne diseases, a rising incidence of non-communicable diseases, and an emergence of new vector-borne diseases. The study shows that the shift in the nature of employment and geographical vulnerability has given rise to a set of environmental and

occupational diseases among the plantation communities. The social determinants of health, including poverty, unemployment, gender-based preferences, education, and awareness, remained the leading cause of the high prevalence of these diseases. The study also suggests that the plantation workers prefer to seek healthcare from the traditional healers and healthcare providers based in the tea estate rather than going to public or private health facilities in the urban centres to avoid the loss of daily wage, which is seen as essential for their survival rather than healthcare. The socio-economic determinants compel the tribal communities to live with diseases as a consequence of poverty and income loss, leading them to seek medical assistance only when their health conditions become critical. The healthcare service delivery system in the tea plantations of the Dooars region, largely tea garden-based providers and traditional healers primarily dominated is going through a transition phase with the increased presence of public health service providers and institutions. In addition, geographical inaccessibility remains a significant hurdle for seeking and providing healthcare services in the tea estates. The study also suggests a set of policy measures to improve the living, working, and health conditions of the tribal communities in the Himalayan foothills region of West Bengal.

